

CLAIMS ONLY						Application Number <i>10698464</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1				52						
3		1				53						
4	1					54						
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44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	2					Total Indep						
Total Depend	12					Total Depend						
Total Claims	14					Total Claims						